Health Services
LOS ANGELES COUNTY

June 22, 2021

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Supervisor Holly J. Mitchell
Supervisor Sheila Kuehl
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Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D.
Director

SUBJECT: **REPORT BACK ON PROMOTING THE HEALTH AND SAFETY OF PATIENTS, VISITORS AND EMPLOYEES ON COUNTY OF LOS ANGELES' MEDICAL CAMPUSES**

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"To advance the health of our patients and our communities by providing extraordinary care"

Following the tragic event that occurred at Harbor-UCLA Medical Center in October 2020, the Los Angeles County Board of Supervisors (Board) directed the Chief Executive Officer and the Director of the Department of Health Services (DHS) to complete a review of best practices related to the provision of security services on medical campuses, including services provided by both law enforcement entities and contracted security firms and, in consultation with medical campus stakeholders, report back to the Board in writing with recommendations on the optimal strategy for promoting community safety on Los Angeles County (LA County) medical campuses.

As healthcare providers and community members, DHS is committed to providing a healing and safe environment for patients, visitors and workforce members at our healthcare facilities. This report will cover the history of the role of security at DHS facilities, the current security environment, security models observed throughout other public and private hospitals, stakeholder feedback, and recommendations on strategies to promote patient and workforce safety on medical campuses.

History of Security on LA County Medical Campuses

LA County has historically had responsibility for directly managing the security-related services on LA County property, including but not limited to DHS' medical campuses. Following an active shooter event in 1993 at LAC+USC Medical Center, where three doctors were shot and two hostages were held at gunpoint, armed services, provided by the LA County Office of Safety Police, were instituted to provide a quicker Law Enforcement Officer (LEO) response time at LA County facilities and to deter active shooter situations.

In 2009, the Office of Safety Police was disbanded and the LA County Sheriff's Department (LASD), through its County Services Bureau (CSB), took over management of all security services for LA County's medical campuses, using a mixture of sworn armed LASD personnel and unarmed services that were contracted by LASD.

In 2019, DHS took over the contract for private security services from LASD in an effort to facilitate greater utilization of these contracted security personnel in supporting the management of behavioral incidents in the hospitals than was permitted under LASD rules. Additionally, the cost savings associated with the direct management of the contracts by DHS were reinvested into expanded security support by the contracted agencies.

Current Security Services Model

DHS currently has a security footprint of over 400+ unarmed contracted security personnel and 135 LASD CSB personnel servicing DHS hospitals and facilities. In Fiscal Year (FY) 20-21, annual security spending for DHS is $70 million, with $36.3 million for LASD services and $33.7 million for unarmed contracted services.

The LASD personnel include 111 armed personnel, with 42 Sheriff Security Officers (SSO), 41 Deputies, 26 Sergeants and 2 Lieutenants. The average response time for on-site LASD to an incident is less than six (6) minutes with five (5) minutes of response and one (1) minute of travel.[1]

LASD CSB and private security play different, but related, roles on the campuses. In addition to providing fixed post and roving security support, as sworn law enforcement, LASD also provides the power of arrest in situations involving criminal acts. Based on federal rules, armed law enforcement cannot participate in a clinical response. As such, they do not participate in the hospital Behavioral Response Teams (BRT).

The private unarmed security personnel provide weapon screening at building entrances as well as fixed post security in areas such as the emergency departments and roving security. Additionally, the private security personnel now play a greater role in the management of psychiatric patients and participate in the hospital-based BRTs, which has provided tremendous benefit to the hospitals in managing this patient population.

Table 1. Scope of Work between Contract Private Security and LASD SSO/Deputy

Contract Private Security	LASD
Unarmed security performs various duties, such as fixed post, weapon screening, roving patrols, BRT response	Armed sworn officers perform various duties, such as roving patrols, response to suspected criminal activities or disruptive behavior, writing of citations
Can detain/hold suspect until arrival of law enforcement	Power of arrest and ability to process the arrestee
Trained in non-lethal de-escalation techniques	Trained in de-escalation following force option chart
Able to participate and apply restraints to patients on a psychiatric hold during clinical BRT response	Cannot participate as part of a clinical behavioral response
Equipped with pepper spray, handcuffs, and baton	Equipped with firearms, pepper spray, handcuffs, baton, and tasers

[1] Dispatch data from LASD for 2019-2020, LAC+USC

The other key difference is that LASD SSO and Deputy personnel receive substantially more training hours than do the contract security personnel. While currently a recruit from a contracted security firm may only go through 48-76 hours of training, with 40 hours of classroom training and a limited amount of on-site training, the typical LASD recruit (SSO and Deputy) completes between 664 and 880 hours of training.

Security Environment

The security environment varies by facility and is robust. According to LASD, there were 103 arrests at DHS facilities in 2019 and 67 arrests in 2020.

Table 2. Number of arrests made at DHS facilities (Source: LASD)

Health Services North:	2019	2020	Total
H Claude Hudson CHC	0	2	**2**
High Desert HS	1	0	**1**
LAC+USC	23	21	**44**
Olive View	34	16	**50**
Total	**58**	**39**	**97**
Health Services South:			
Harbor/UCLA	34	10	**44**
Hubert Humphrey CHC	0	2	**2**
Long Beach CHC	2	1	**3**
MLK	4	7	**11**
Rancho Los Amigos	3	3	**6**
Rancho Los Amigos- South	2	5	**7**
Total	**45**	**28**	**73**
Grand Total	**103**	**67**	**170**

In 2019, LASD reported a total of 216 “Part One Crimes” (e.g., homicide, aggravated assault, burglary, motor vehicle theft, arson) on the DHS campuses. Of these, ten were violent events. In addition, facilities reported a total of 255 “Part Two Crimes” (e.g., non-aggravated assaults, narcotics, sex crimes, forgery/fraud, weapon violations, vandalism), 113 of which were non-aggravated assaults.

As part of the current security model, there are weapons screening stations for patients and visitors at a number of DHS facilities. In 2019, over 35,000 prohibited items were found through the weapon screening process, based on the current screening policy. The top five categories included knives, razors/box cutters, kubotans, screwdrivers and replica firearms. In 2020, over 9,000 items were identified during the screening process with the top five categories being knives, razors/box cutters, scissors, OC spray/mace and leatherman tools. The significant decrease in items found in 2020 compared to 2019 is likely due to COVID restrictions and fewer visitors to the facilities.

Due to the cross collaboration with the LA County Jails and Juvenile Services, visiting LEO (non-CSB) are often on LA County medical campuses to provide security for patients from these facilities. Additionally, other outside/local law enforcement agencies are a frequent

presence on the campuses to obtain medical clearance for booking, follow up on incident reporting, interviews, and investigations, and to provide security to high-profile/high-security patients. The October 2020 shooting of a psychiatric patient at Harbor-UCLA Medical Center (Harbor-UCLA MC) involved a visiting LEO who was present to provide security to another patient, as did a prior incident at Harbor-UCLA MC in 2015 when a patient with a mental illness was fatally shot after obtaining medical clearance in the emergency department.

Assessment of Public and Private Hospital Security Practices

To assess healthcare security practices and opportunities to improve services on its campuses, DHS evaluated the security models and practices at eight (8) eight public hospitals and eight (8) private hospitals. DHS' efforts were supported by the California Hospital Association (CHA), which surveyed comparable private hospitals in the southern California area. In sum, this assessment revealed that hospital security models generally fall into four (4) categories 1) in-house employed armed security, 2) sworn law enforcement-run security, 3) hybrid of sworn law enforcement and private security, and 4) all private contracted security. These models are summarized below:

Table 3. Hospital Security Models

Model	Location	Sworn LE Duties	Private Security Duties
In-house/employed armed security	Sarasota County, FL	Sworn LEO is off-site and respond only to emergency calls	On-site security personnel handle all in-house security issues and detain until sworn law enforcement arrives
All Sworn LEO	Contra Costa County, San Francisco County	Armed sworn LEO posted on-site to respond.	N/A
Hybrid model	Santa Clara County, Riverside County	Sworn LEO with power to arrest on-site to respond	Participate in de-escalation and behavioral response
All private unarmed security	Kaiser Permanente, Dignity Health, San Joaquin County, Monterey County	Sworn LEO is off-site and respond only to emergency calls	Participate in de-escalation and behavioral response and detain in potential criminal matters until sworn LEO arrives

From studying these security models and interviewing the various private and public hospitals, the following trends were observed. First, public hospitals have a higher amount of armed security than private hospitals. The reported historical reasons for this related to the security concerns of staff, complaints of violent incidents and to provide a quicker response mechanism to security incidents. Several public hospitals reported a transition to an unarmed security model followed by a shift back to armed security due to a rise in violent incidents.

In reviewing other LA County security models, there are cases where armed LEO presence assisted in reducing violent incidents and others where no such correlation was observed. One non-LA County hospital system observed a decrease in the assault rates

on Emergency Department (ED) staff by 45% after adding an armed LEO at the ED entrance, with a significant reduction of elopements in the ED during same timeframe.[2]

The non-LA County hospitals surveyed also noted that efforts to reduce law enforcement presence often ran into obstacles from represented workforce due to safety concerns. Various non-LA County hospitals with an unarmed security presence highlighted the lack of "power of arrest" and processing of arrestees from unarmed security and the lag in response time of outside law enforcement as a disadvantage. In the event of a crime, private security can only detain and hold to their best ability while waiting for local LEO to respond. These hospitals also noted issues of turnover, poor training, and staffing challenges among privately employed security.

Numerous counties also reported the value that additional Crisis Intervention Team (CIT) training provided to their deputies. All counties where sworn LEO received CIT training reported immediate positive results, such as a reduced number of incidents between LEOs and patients.

Second, private hospitals were less likely to utilize armed security. The CHA survey found that the few private hospitals that did bring in armed security did so due to increased reported security incidents in the surrounding area and noted a drop in violent incidents following the transition to armed security. Among the surveyed private hospitals, LEOs are called only for reportable events and when an arrest must be made. Notably, among private hospitals with unarmed security, Kaiser has a model of providing a week of paid training focused on the healthcare environment for all new contracted security at their facilities. This training is contractor operated and run and usually takes place on-site.

Lastly, LA County is approximately in the median of facilities surveyed with respect to the ratio of armed to unarmed security. The sampled public hospitals average armed to unarmed ratio is 28%. In comparison, LA County has a 26% armed to unarmed security presence, lower than the average of other counties but higher than in private hospitals.

DHS Stakeholder Feedback

DHS has heard varying concerns from staff and community groups as to the appropriate balance and role of security personnel in a healthcare setting. For some, the presence of LEO and armed security reduces dangerous situations while helping patients, visitors and staff feel safe. For others, the presence of LEO and armed security within the healthcare setting conflicts with DHS' goal of offering a welcoming and healing environment.

DHS reached out to representative workforce member groups and committees for feedback on the role of security and LEO at our facilities. A limited survey was conducted across DHS facilities, as the COVID-19 pandemic surged in the hospitals, to assess key concerns regarding the security structure on the medical campuses. The survey included a mix of staff from clinical and non-clinical areas, as well as patients. While the survey had a limited response of 70 participants, it did reveal some important findings, listed below. DHS plans to conduct a broader-based survey of the workforce and patients on this topic.

[2] Santa Clara County Sheriff's Department

Survey participants were asked to state their level of agreement with the five (5) statements below, using a survey tool that ranked each statement as “Strongly Agree”, “Agree”, “Neutral”, “Disagree”, “Strongly Disagree”, and “N/A”.

1. **I feel that law enforcement presence is a value add to my facility** – A significant majority of those responding, close to 87 percent, value a law enforcement presence, while 13 percent were either neutral or disagreed.

Strongly agree	53.6%
Agree	33.3%
Neutral	7.2%
Disagree	4.3%
Strongly disagree	1.4%
N/A	0%

2. **Private contracted security is an adequate replacement for LASD** - A majority of survey participants had lower confidence that private security can adequately replace the LASD resources at DHS facilities, while approximately a quarter of those responding agreed that private contracted security could provide an adequate replacement.

Strongly agree	4.3%
Agree	20.3%
Neutral	15.9%
Disagree	39.1%
Strongly disagree	20.3%
N/A	0%

3. **I feel that the presence of armed (Sheriff or private security) officers in the hospital interferes with the healing environment of the facility** – More than seventy-five percent of the survey participants feel that armed officers do not interfere in the environment of care, while a fair amount are neutral to strongly agree that an armed presence does interfere with the healing environment. Across the spectrum, it will be important to increase the degree to which security staff are perceived as enhancing the overall health care environment and patient experience, in addition to safety.

Strongly agree	4.3%
Agree	5.8%
Neutral	11.6%
Disagree	50.7%
Strongly disagree	27.5%
N/A	0%

4. **The hospital campus should be firearm free** - Sixty-one percent of the survey participants disagreed that the hospital campuses should be firearm free. Approximately 12 percent of respondents believed that hospitals should shed firearm presence. The remaining 27 percent of those responding were neutral on this issue.

Strongly agree	2.9%
Agree	8.7%
Neutral	27.5%
Disagree	37.7%
Strongly disagree	23.2%
N/A	0%

5. **Weapons screening is a value add to my facility** – The majority of stakeholders responding view weapons screening as an asset to their facility.

Strongly agree	37.7%
Agree	27.5%
Neutral	8.7%
Disagree	10.1%
Strongly disagree	1.4%
N/A	14.5%

DHS' goal is to structure a healthcare security program that creates a comfortable, safe, and welcoming environment for patients, visitors and staff at all facilities. While there were majority opinions among the survey respondents in support of the current security model, a number of respondents had neutral to opposing opinions on this model. This highlights the need for ongoing and robust stakeholder engagement in processes to adjust and improve facility-based security staffing and patient safety.

Harbor-UCLA MC Task Force - Optimizing Safety & Preventing Violence When Managing Aggressive Patient Behavior

In response to the shooting of a psychiatric patient admitted to a medical-surgical unit at Harbor-UCLA MC by an outside LASD deputy, Harbor-UCLA MC leadership commissioned a Task Force, comprised of hospital leaders, frontline staff, patients, law enforcement and community members to (1) review and analyze current state hospital policies and practices related to managing and deescalating aggressive patient behavior and propose opportunities to clarify or improve the response to these patient scenarios and (2) identify opportunities to strengthen the collaboration between Harbor-UCLA MC staff and law enforcement partners to optimize safety and prevent violence when managing aggressive behavior.

An Executive Summary of the Harbor-UCLA MC Task Force Recommendations is attached. Overall, the Task Force found that while the hospital is ahead of most institutions nationally in the management of agitated/aggressive patients, opportunities exist to update workforce training on de-escalation techniques and revise current policies

to clarify expected practices. The group confirmed the value of hospital-based law enforcement to the safety of the care delivery environment while recommending the review and update of hospital policies regarding law enforcement's interaction with patients and staff to improve safety.

RECOMMENDATIONS

Based on the review and analysis discussed above, DHS is recommending the following:

Recommendation 1:

Minimize law enforcement involvement in health care setting and increase focus on community-based approaches to security by restructuring the balance between sworn LEO presence and contract security personnel in a way that shifts LASD's role to a community patrol model.

As discussed above, the DHS survey, while limited, suggests that entirely eliminating LEOs on campus may not be welcomed by DHS staff. However, there may be an opportunity to rebalance the presence and roles of LASD CSB and reliable contracted security, and thus reduce the presence of armed LEO within the health care environment. In such a model, LASD would maintain a role in external patrol and would respond to any criminal activity while contracted security personnel would maintain responsibility for security within the health care environment. Implementation of this recommendation will necessitate a redesign of facility security staff models, a forum for robust patient and workforce feedback, engagement with the LASD and LA County CEO, and solicitation of contracted security providers to staff the revised model.

Other ways to promote a more community-based approach on the DHS campuses including evaluating whether the uniforms worn by LASD CSB personnel on the healthcare campuses be changed to a more casual one (e.g., pullover shirt) such as that worn by CSB officers patrolling school campuses, rather than the more military style shirt they presently wear.

As DHS evaluates and identifies a reimagined security model that is built on our core values (welcoming, inclusive, compassionate, excellent, innovative and accountable) we will need to ensure that the security contracts align with the model. The current unarmed security contracts expire on January 31, 2022 and there may be a need to extend these contracts for a short period to provide the essential time to identify and include the necessary elements into the new contract.

Recommendation 2:

Explore additional mandatory and customer service training programs among security personnel designed for health care environments, enhanced prescreening protocols for selection of unarmed security staff, and additional expectations that would enhance patient experience.

In reviewing stakeholder feedback and the study of other security models, confidence in the performance of private security remains a challenge in transitioning away from LASD to private security at our facilities. This concern surfaced at DHS facilities in FY 2020-21 when there was a proposed reduction in LASD services and augmentation of this coverage with private security.

DHS believes that additional on-site training for new private security focused on security in the healthcare environment would benefit the security professionals who are assigned to LA County medical campuses. This would allow DHS to establish the standards expected at our health care facilities and as an enterprise and assist in building workforce confidence in contract security.

There are also opportunities to work with private security on improving customer service for patients and visitors. This would include establishing enhanced prescreening protocols through the contract solicitation process and performance standards for customer service on how private security operates in the health care environment. Similar to that noted in Recommendation 1 above, DHS will also work with its contracted security partners on an appropriate uniform that will enhance the patient care environment and support customer experience.

Recommendation 3:

Enhance training for LASD and private security on de-escalation techniques.

There is opportunity to improve training in this area. The Office of Diversion and Reentry funds a total of $1.275M for Crisis Intervention Training (CIT) for the LASD. The 32-hour, 4-day CIT instructional course is designed to immerse students in the concepts of mental health, mental illness, tactical considerations, and how to apply these concepts to mental health related crisis calls for service in new and enhanced ways. The purpose of this course is to provide law enforcement officers with specific techniques to enhance their communication with individuals who are experiencing a potential mental health crisis. The course also provides students with opportunities to gain a deeper understanding of the factors which may contribute to the attitudes, beliefs, and behaviors of individuals in a crisis state.

Ensuring that all LASD CSB personnel and private security assigned to DHS facilities are in receipt of de-escalation training would be a valuable addition to their existing curriculum. DHS's survey showed that diversion programs like CIT reduce arrests of people with mental illness while simultaneously increasing the likelihood that individuals will receive mental health services.

Recommendation 4:

Review and update DHS hospital procedures for the check-in and orientation of outside/visiting LEO to ensure the facility is aware of their presence and location and the visiting LEOs are aware of key facility healthcare policies and procedures.

As noted above, significant number of LEO visitors come to the DHS medical campuses. Some of these LEO visitors are providing security services for patients with linkage to the LA County Jail and Juvenile Services, while others, including local police departments, may be on campus to obtain clearance to book an individual in custody, guard in-custody or other sensitive patients admitted to the hospital, or follow up on incident reporting and ongoing investigations.

The Harbor-UCLA MC Task Force reviewed how outside LEO are oriented and managed in the facility and Harbor-UCLA MC recently revised its policy on outside LEO contact with patients to:

- Clarify expectations for outside law enforcement either bringing patients to the emergency room or guarding a patient on an inpatient unit.
- Create a more rigorous process to identify, check-in, and orient outside law enforcement to the hospital environment.
- Improve the communication process for Harbor-UCLA MC-based Sheriff deputies to notify the inpatient units of the presence of outside law enforcement.
- Update the outside law enforcement orientation to be more focused to their presence in the clinical environment, particularly as it relates to behavioral response management.

This document will serve as the basis for discussion with the other DHS facilities in establishing key principles to use regarding the check-in and orientation of outside/visiting LEO. The updated facility information will then be provided to LASD CSB to facilitate the dissemination to local law enforcement agencies, so they are aware of DHS policy and expectations. DHS is also evaluating the feasibility of creating a video of the BRT/Code Gold response to share with outside law enforcement agencies to increase awareness and training as to hospital practices regarding the management of aggressive patient behavior.

Recommendation 5:

Explore launching a DHS-specific pilot to increase the mental health response on the campuses, to deescalate these situations, utilizing Psychiatric Mobile Response Team (PMRT) programs.

One of the important benefits of moving the private security contracts from LASD to DHS is the ability of the contract security personnel to participate in the Behavioral Response Teams (BRT) within the psychiatric emergency services and inpatient psychiatric units. The BRTs utilize contracted security to assist the healthcare team in de-escalation, and if necessary, restraint of patients experiencing agitation or aggression. LASD personnel cannot participate in this process because of federal requirements regarding law enforcement involvement in the provision of care.

When DHS took over the security contract from the LASD in the summer of 2019 and augmented the BRTs with private security, there was a positive shift in staff perceptions. For example, at LAC+USC MC, a survey of BRT members showed that the level of

confidence increased with the security augmentation from 63% to 79% and as a result staff felt more supported in their efforts (59% to 77%).[3]

DHS recommends building on the BRT model and scaling it towards the PMRT to respond throughout the campuses, rather than being solely focused in the psychiatric emergency departments and inpatient areas. Given the number of individuals seeking care and living on and around the campuses who experience significant mental health needs, an additional mobile response team would be able to respond to any location on campus and could be supported by law enforcement back-up, if needed, thus expanding the crisis response capacity on the hospital campuses. DHS recommends the pilot be located at Harbor-UCLA MC and then assessed for its success and scalability for other medical campuses.

Recommendation 6:

Review and update Weapons Screening procedures to balance the need for security with the need for patient experience in healthcare settings.

Currently, there are weapons screening stations for patients and visitors at many of the DHS facilities. Staff are permitted to bypass the screening stations by showing their badge. While security screening at the entrances is meant to enhance safety, DHS has received complaints that the screening process can be unwelcoming and overbearing to patients and visitors. For instance, while many items found in screening are considered dangerous, other items that have been classified as "weapons," like leatherman tools, scissors and knitting needles, have non-violent primary purposes and may be permissible in the healthcare environment. DHS will evaluate the current weapon screening processes to ensure an appropriate balance between promoting safety, including among staff, and providing a quality customer service experience to patients and visitors.

Recommendation 7:

Evaluate and strengthen DHS and facility-specific policies and procedures related to patient safety and the management of the patient with agitated or aggressive behavior.

Policies across the DHS facilities historically have been decentralized in their development for individual campus needs. DHS will convene a system-wide work group including medical staff engagement to strengthen policies involving clinical responses, as well as the role of law enforcement and security, and to advise on implementation, lessons learned and future improvements to patient safety.

Recommendation 8:

Through LA County's Anti-Racism, Diversity and Inclusion (ARDI) initiative and DHS' Equity, Diversity, Inclusion and Anti-Racism (EDIA) initiative, convene dialogues with community stakeholders and collaborate on ideas for community-centered mental health treatment and response, health-focused interventions, and harm reduction.

[3] LAC+USC BRT survey data 9/2017-12/2019

DHS recommends the strategic planning process for the LA County's ARDI initiative and DHS' EDIA initiative be used to develop a plan for robust community engagement and a data-driven framework to identify gaps as experienced by the community and our patients regarding community-centered mental health treatment using the lens of racial equity. Through these initiatives, DHS will seek recommendations and collaborative partners to develop projects or programs to implement future improvements and track progress on mental health services, health-focused interventions, and harm reduction.

CONCLUSION

Protecting the health and safety of our patients, visitors, and staff is of utmost importance to DHS. As DHS works to evaluate and implement the recommendations above, there are several immediate steps that can be taken, which include the evaluation of the current security contracts in preparation for the solicitation of the future contracts, developing a DHS-wide guidance for the management of outside law enforcement on the facility campuses, evaluating policies and procedures, and launching a PRMT pilot.

This new security model will be focused on protecting patients and staff as well as increasing the degree to which the hospital campus security staff are perceived as enhancing the overall health care environment and patient experience. DHS believes this requires a holistic approach to safety and security on the campuses. While this report has focused on the role of security personnel, additional opportunities exist regarding staff engagement in campus security.

DHS intends to obtain additional feedback from stakeholders, including patients, workforce members, private security contractors and LASD about campus security, and establish on-going forums for patient and staff feedback that may include augmenting existing engagement surveys. Additionally, DHS will be establishing a system-wide work group(s) to obtain input and assistance in achieving the recommendations listed above.

DHS will continue to work with CEO on promoting community safety on the LA County medical campuses. If you have any questions, you may contact me, or your staff may contact Donna Nagaoka, Interim DHS Security Director, at dnagaoka@dhs.lacounty.gov.

CRG: lj

Attachment

c: Chief Executive Office
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Harbor-UCLA Medical Center Task Force
Optimizing Safety & Preventing Violence
When Managing Aggressive Patient Behavior
Executive Summary

In response to the shooting of a psychiatric patient admitted to a medical-surgical unit at Harbor-UCLA Medical Center by an outside Los Angeles County Sheriff's Department deputy, Harbor-UCLA leadership commissioned a Task Force, comprised of hospital leaders, frontline staff, patients, law enforcement, and community members to:

1. Review and analyze all current-state hospital policies and practices related to managing and de-escalating aggressive patient behavior and propose opportunities to clarify or improve the response to these patient scenarios.
2. Identify opportunities to strengthen the collaboration between Harbor-UCLA staff and its law enforcement partners to optimize safety and prevent violence when managing aggressive patient behavior.

To carry out this review, the Task Force created a number of work groups to evaluate current relevant hospital and DHS policies; practices at similar hospitals (e.g., large, urban teaching hospitals); current training of Harbor-UCLA staff on de-escalation and management of agitated/aggressive patients; related current regulatory and accreditation requirements; and state and federal laws regarding law enforcement presence and use of firearms in hospital settings.

Overall, the Task Force found that while the hospital is ahead of most institutions nationally in the management of agitated/aggressive patients, opportunities exist to update workforce training on de-escalation techniques and revise current policies to clarify expected practices. Additionally, the group confirmed the value of hospital-based law enforcement to the safety of the care delivery environment.

Task Force Recommendations

1. All workforce members/staff should receive mandatory de-escalation training as part of their employment and onboarding, to augment the hospital's existing workplace violence prevention training.
2. Existing Harbor-UCLA Policies and Procedures related to the management of the patient with agitated or aggressive behavior should be updated, and, when necessary, created. This includes the creation of a new policy establishing clear guidance and expectations regarding the de-escalation of agitated/aggressive patients.
3. Review and update hospital policies regarding law enforcement's interaction with patients and staff to improve safety.

4. Key data related to the management of agitated/aggressive patients should be measured, tracked, shared with frontline staff, and incorporated into the hospital's True North metrics; these include metrics on emergency response codes for behavioral response teams (Code Gold) and disruptive behavior by visitors, aggressive behavior by patients to staff, number of assaults on staff, and use of restraints.
5. A comprehensive communication strategy be developed regarding these recommendations and related important changes to policy and procedure to all staff.

Harbor-UCLA leadership has reviewed and begun implementation of these recommendations. Examples include the revision and implementation of policies regarding the presence and management of outside law enforcement in the hospital and the expansion of de-escalation training to a broader group of nursing staff across the hospital.